



Complete Summary

TITLE

Prevention and management of obesity (mature adolescents and adults): percentage of patients with a documented elevated body mass index (BMI) who receive education and counseling for weight loss strategies, which include nutrition, physical activity, lifestyle changes, medication therapy and/or surgery.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Jan. 101 p. [267 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with a documented elevated body mass index (BMI) who were given education and counseling for weight loss strategies.

RATIONALE

The priority aim addressed by this measure is to improve the percentage of patients with an elevated body mass index (BMI) who have received education and counseling regarding weight loss.

PRIMARY CLINICAL COMPONENT

Obesity; education; counseling; weight loss strategies (nutrition, physical activity, lifestyle changes, medication, surgery)

DENOMINATOR DESCRIPTION

Patients with an elevated body mass index (BMI)

NUMERATOR DESCRIPTION

Number of patients with an elevated body mass index (BMI) who receive education and counseling for weight loss, which include nutrition, physical activity, lifestyle changes, medication therapy and/or surgery in appropriate patients (see reference to Annotation #10 in the original measure documentation)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Prevention and management of obesity \(mature adolescents and adults\).](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Mature adolescents and adults

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

The prevalence of overweight and obese people is increasing worldwide at an alarming rate in both developing and developed countries. Environmental and behavioral changes brought about by economic development, modernization and urbanization have been linked to the rise in global obesity. Obesity is increasing in children and adults, and true health consequences may become fully apparent in the near future.

Obesity has become a national epidemic in the United States (U.S.) with 32% of non-institutionalized adults being obese, and 66.3% being overweight or obese. The most recent data suggest that 17% of adolescents age 12 to 19 years are overweight and an additional 16% are at risk for overweight.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Jan. 101 p. [267 references]

Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of overweight and obesity in the United States, 1999-2004. JAMA 2006 Apr 5;295(13):1549-55. [PubMed](#)

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Obesity is the second leading cause of preventable death in United States (U.S.), with only tobacco use causing more deaths. More than 110,000 deaths per year are associated with obesity.

EVIDENCE FOR BURDEN OF ILLNESS

Flegal KM, Graubard BI, Williamson DF, Gail MH. Excess deaths associated with underweight, overweight, and obesity. JAMA2005 Apr 20;293(15):1861-7.
[PubMed](#)

Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA2004 Mar 10;291(10):1238-45. [97 references]
[PubMed](#)

UTILIZATION

Unspecified

COSTS

The economic impact of obesity and its related conditions on the United States (U.S.) economy is staggering and has been estimated at about \$118 billion in the late 1990s, or about 12% of the national health care budget, according to the Worldwatch Institute in 2000.

EVIDENCE FOR COSTS

Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Jan. 101 p. [267 references]

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients with an elevated body mass index (BMI) in the following range: 25-30, 30-35, 35-40, and 40+

No electronic medical record:

Select 20 patients who have been seen within the last month and who have an elevated BMI. If the BMI is not documented, use the following calculation: weight (lbs) x 703 divided by height (inches) squared.

Or

Refer to a body mass index chart or wheel.

The medical record will be reviewed to determine if one or more of the weight management strategies have been documented. The presence of narrative comments or flow sheets reflecting discussion of one or more of the following weight-management strategies is acceptable evidence for this measure: nutrition, physical activity, lifestyle changes, medication and/or surgery.

Electronic medical record available:

Query data for patients seen in the last month with an elevated BMI (assuming this is a field in the electronic medical record).

The medical record will be reviewed to determine if one or more of the weight management strategies have been documented. The presence of narrative comments or flow sheets reflecting discussion of one or more of the following weight management strategies is acceptable evidence for this measure: nutrition, physical activity, lifestyle changes, medication or surgery.

The suggested time period is advice over a 12-month period.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients with an elevated body mass index (BMI)

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS**Inclusions**

Number of patients with an elevated body mass index (BMI) who receive education and counseling for weight loss, which include nutrition, physical activity, lifestyle changes, medication therapy and/or surgery in appropriate patients (see reference to Annotation #10 in the original measure documentation)

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with a documented elevated body mass index who receive education and counseling for weight loss strategies, which include nutrition, physical activity, lifestyle changes, medication therapy and/or surgery.

MEASURE COLLECTION

[Prevention and Management of Obesity \(Mature Adolescents and Adults\) Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

FUNDING SOURCE(S)

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COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

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No work group members have potential conflicts of interest to disclose.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Nov

REVISION DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Nov. 105 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Jan. 101 p. [267 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of Patients with a Documented Elevated Body Mass Index Who Receive Education and Counseling for Weight Loss Strategies, Which Include Nutrition, Physical Activity, Lifestyle Changes, Medication Therapy and/or Surgery," is published in "Health Care Guideline: Prevention and Management of Obesity (Mature Adolescents and Adults)." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on December 20, 2004. This NQMC summary was updated by ECRI Institute on December 15, 2005, January 23, 2007, and again on December 4, 2009.

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